

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		48	6/26/01
FORMALITY REVIEW	sm	9C804	8/9/01
RESPONSE FORMALITY REVIEW	7s	1127	10/16/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	✓ 10/3/28/02
2	✓ 10/3/28/02
3	✓ 10/3/28/02
4	✓ 10/3/28/02
5	✓ 10/3/28/02
6	✓ 10/3/28/02
7	✓ 10/3/28/02
8	✓ 10/3/28/02
9	✓ 10/3/28/02
10	✓ 10/3/28/02
11	✓ 10/3/28/02
12	✓ 10/3/28/02
13	✓ 10/3/28/02
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47	✓ 10/3/28/02
48	✓ 10/3/28/02
49	✓ 10/3/28/02
50	✓ 10/3/28/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here